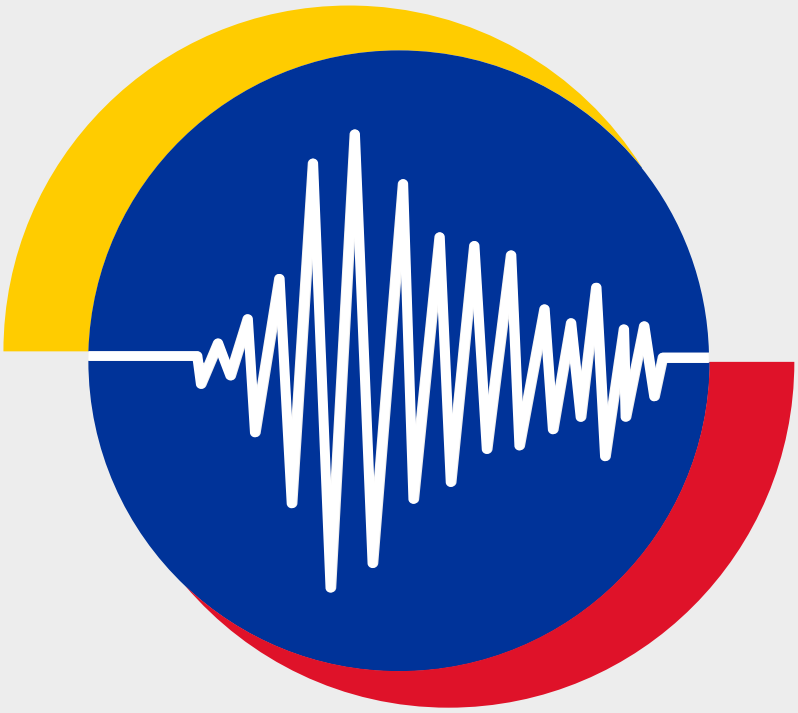

Inception Report

APRIL 2024

IPA III Multi-country Action Programme 2021
EU civil protection support for prevention, preparedness and response to natural disasters in Western Balkans and Türkiye (IPA CARE).

Prepared by the Swedish Civil Contingencies Agency (MSB) on behalf of the Programme Consortium.

IPA CARE | Capacity for Risk Management of Earthquakes & Health Emergencies

Funded by the European Union

PROTEZIONE CIVILE
Presidenza del Consiglio dei Ministri
Dipartimento della Protezione Civile

MINISTERUL AFACERILOR INTERNE
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Executive Summary

Background

This document presents the Inception report of IPA III Multi-country Action Programme 2021, EU civil protection support for prevention, preparedness and response to natural disasters in Western Balkans and Türkiye ((IPA CARE Programme). The IPA CARE Programme officially started 1 March 2023 with an Inception phase that lasted between 1 March 2023 and 30 April 2024.

The IPA CARE Programme includes the countries of Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Kosovo*, Serbia and Türkiye. With a budget of 12 800 000 EUR and a duration from March 2023 to February 2029, the overall objective of the Programme is to contribute to increased resilience across the region with particular focus on earthquakes and health emergencies. The main stakeholders of the Programme include civil protection authorities and ministries of health, with additional stakeholders identified during the Inception phase.

The IPA CARE Programme has three specific objectives:

Objective 1. To enhance institutional and legal frameworks and capacities of the IPA III relevant beneficiaries on disaster risk reduction related to earthquakes and health emergencies.

Objective 2. To increase prevention, preparedness, and response capability of the IPA III relevant beneficiaries at regional, cross-border, and local levels in relation to earthquakes and health emergencies.

Objective 3. To increase IPA III beneficiaries' participation in and cooperation with the Union Civil Protection Mechanism (UCPM), including regional cross-border cooperation.

The IPA CARE Programme underscores the imperative of integrating the health and civil protection sectors to achieve the overarching goals of disaster risk prevention, preparedness, and response concerning earthquakes and health emergencies in the Western Balkans and Türkiye. Integrating the health and civil protection sectors is necessary due to the intertwined nature of health emergencies and disaster risks, particularly in earthquake-prone regions. The Programme's Inception Phase has revealed that cooperation between these sectors is still at an early stage in several partner countries, underscoring the need for a platform like IPA CARE Programme to facilitate cross-sectoral engagement.

Programme Implementation Model

The Implementation Phase of the Programme will build upon the foundation of the Inception phase, expressed in this report as aiming towards integrating the findings of the Inception Phase into activities to ensure a successful Programme. The Implementation phase will focus on partner-specific action plans, regional cooperation through the regional road map, and thematic working groups to comprehensively address seismic risks and health emergencies.

Adjustments have been made to the Programme's organisational structure, including the proportion of budget allocated for equipment, which reflects the Programme's commitment to repeatedly integrating the approach of capacity and priority need expressed by partners.

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* This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

Key components of the Implementation Phase include the country-specific action plans, the regional road map, an integration of gender and human rights as well as environmental and climate into all activities and a coherent use of the logical framework approach (LFA) and monitoring and evaluation (M&E) framework as tools for the results and evaluation of the programme. Moreover, a visibility and communication plan will guide the Programme in communicating appropriately and timely for all identified target groups. These elements collectively aim to track progress, ensure accountability, and maximise the impact of the Programme.

In conclusion, by prioritising the integration of health and civil protection sectors and incorporating lessons learned from the Inception Phase, the IPA CARE Programme seeks to address vulnerabilities, promote resilience, and foster sustainable development in the earthquake-prone region. Through collaboration, dialogue, and partnership, the Programme aims to build stronger, more resilient societies that are better equipped to mitigate the impacts of seismic disasters and health emergencies.

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Acronyms and Abbreviations

CIMA	Centro Internazionale In Monitoraggio Ambientale
CNA	Capacity and Needs Analysis
CPD	The Croatian Civil Protection Directorate
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DPC	Italian Civil Protection Department
DPPI	Disaster Preparedness and Prevention Initiative for South Eastern Europe
DSU	The Romanian Ministry of Internal Affairs
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
EC	European Commission
EUCentre	Fondazione Centro Europeo di Formazione e Ricerca in Ingegneria Sismica
HRBA	Human Rights Based Approach
IPA	Instrument for Pre-accession Assistance
KI	Karolinska Institutet
M&E	Monitoring & Evaluation
MSB	Swedish Civil Contigencies Agency
OSA	On-site Technical Assistance
PAR	Preliminary Assessment Results
SEEHN	South Eastern Europe Health Network
SOP	Standard Operating Procedure
ToR	Terms of Reference
UCPM	Union Civil Protection Mechanism
UNDP	United Nations Development Programme
UNDRR	United Nations Disaster Risk Reduction
USAR	Urban Search and Rescue
WHO	World Health Organisation
WP	Work Package

Programme Synopsis: Capacity for Risk Management of Earthquakes and Health Emergencies – IPA CARE

IPA III Multi-country Action Programme 2021
EU civil protection support for prevention, preparedness and response to natural disasters in Western Balkans and Türkiye

Contracting authority	European Union, European Commission, Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO), Disaster Preparedness and Prevention, Civil Protection Horizontal Issues. *Ref: Ares(2022)5274586*
Budget	12,8 million EUR.
Duration	1 March 2023 – 28 February 2029 (72 months).
Implementing Consortium	**Consortium Coordinator** ➢ The Swedish Civil Contingencies Agency (MSB) **Partners of the Consortium** ➢ Dipartimento della Protezione Civile – Presidenza del Consiglio dei Ministri (DPC) ➢ Ministry of the Interior - Civil Protection Directorate, Republic of Croatia (CPD) ➢ Ministerul Afacerilor Interne – Departamentul pentru Situaţii de Urgenţă (DSU) ➢ Fondazione Centro Europeo di Formazione e Ricerca in Ingegneria Sismica (EUCENTRE) ➢ The Centre for Research on Health Care in Disasters, Karolinska Institutet (KI) ➢ Centro Internazionale In Monitoraggio Ambientale (Fondazione CIMA)
Partner Countries	Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia, Serbia and Türkiye ** This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.*
Target groups	National civil protection authorities and health ministries.
Overall objective	The overall objective is to contribute to Partners' increased resilience in particular to earthquakes and health emergencies.
Specific objectives	1. To enhance institutional and legal framework and capacities of the IPA III relevant beneficiaries on disaster risk reduction related to earthquakes and health emergencies in particular. 2. To increase prevention, preparedness and response capability of the IPA III relevant beneficiaries at regional, cross-border and local levels in relation in particular to earthquakes and health emergencies. 3. To increase IPA III beneficiaries' participation in and cooperation with the UCPM including regional cross-border cooperation.

Technical components (Specific objectives) **Work packages**	**Component 1 – Institutional and legal framework and capacities on DRR related in particular to earthquakes and health emergencies** o Work package 1.1: Development of legal and institutional frameworks ▪ 1.1a: Focusing on Health risks ▪ 1.1b: Focusing on Seismic Risk o Work package 1.2: Inter-institutional coordination o Work package 1.3: Civil Protection volunteerism **Component 2 – Increased prevention, preparedness and response capability** o Work package 2.1: Medical response surge capacity o Work package 2.2: USAR development o Work package 2.3: Risk assessment and management ▪ 2.3a: Focus on Health Risk and comprehensive frameworks ▪ 2.3b: Focusing on Seismic Risk **Component 3 – Increased participation in and cooperation with the UCPM** o Work package 3.1: Regional cooperation o Work package 3.2: Operational Cooperation with UCPM o Work package 3.3: Capacity strengthening cooperation with UCPM
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1. Introduction

The Inception phase of IPA CARE Programme ('IPA III Multi-country Action Programme 2021, EU civil protection support for prevention, preparedness and response to natural disasters in Western Balkans and Türkiye') started 1 March 2023 and ended on 30 April 2024, as per a non-cost extension of four months granted by DG ECHO.

This Inception report summarises the activities and findings of the Programme between March 2023 and April 2024. It includes the expected outputs from the Inception phase: country-specific action plans for the Implementation phase, a budget of the Implementation phase, a regional road map, a stakeholder mapping, an M&E framework, gender and environmental reviews, as well as a communication and visibility plan.

The aim of the Inception phase was to refine and clarify the Programme approach and to better understand the capacities, needs and priorities of the systems and organisations involved in disaster risk management, with specific focus on earthquakes and health crises. Furthermore, it serves to build stakeholder engagement towards ensuring partner country ownership and a common understanding of the Programme between beneficiaries and implementing partners.

1.1 IPA CARE Programme

The IPA CARE Programme includes the countries of Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Kosovo* Serbia and Türkiye. With a budget of 12 800 000 EUR and a duration from March 2023 to February 2029, the overall objective of the Programme is to contribute to increased resilience across the region with particular focus on earthquakes and health emergencies. The main stakeholders of the Programme include civil protection authorities and ministries of health, with additional stakeholders identified during the Inception phase.

The IPA CARE Programme was designed in response to the need to develop comprehensive resilience across sectors, demonstrated during the Covid-19 pandemic. The Programme aims at integrating the two sectors of civil protection and health, recognising the interconnected nature of challenges posed by seismic events and health crises and supporting a holistic approach to disaster prevention, preparedness and response.

1.2 Programme Objectives and Work Packages

The IPA CARE Programme has three specific objectives:

Objective 1. To enhance institutional and legal frameworks and capacities of the IPA III relevant beneficiaries on disaster risk reduction related to earthquakes and health emergencies.

Objective 2. To increase prevention, preparedness, and response capability of the IPA III relevant beneficiaries at regional, cross-border, and local levels in relation to earthquakes and health emergencies.

Objective 3. To increase IPA III beneficiaries' participation in and cooperation with the Union Civil Protection Mechanism (UCPM), including regional cross-border cooperation.

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

Towards achieving these objectives, the following work packages were defined for the Programme, divided into three components corresponding to the three objectives:

Table 1. IPA CARE Technical Components and Work Packages

1: Institutional and legal framework and capacities in DRR	
1.1.a	Improved domestic and legal cooperation and institutional frameworks focusing on health risks
1.1.b	Improved domestic and legal cooperation and institutional frameworks focusing on seismic risk
1.2	Inter-institutional coordination
1.3	Civil protection volunteerism
2: Increased prevention, preparedness and response capacity	
2.1	Medical Response Surge Capacity
2.2	USAR development
2.3.a	Risk assessment and management focusing on health risks
2.3.b	Risk assessment and management focusing on seismic risk
3: Increased participation in and cooperation with UCPM	
3.1	Regional cooperation with UCPM
3.2	Operational cooperation with UCPM
3.3	Capacity strengthening cooperation with UCPM

1.3 Context Analysis

The IPA CARE Programme strategically positions itself amidst a highly complex disaster profile in the Western Balkans and Türkiye. The region faces challenges ranging from earthquakes, floods, and landslides to health emergencies and environmental risks. The recent impact of the global Covid-19 pandemic underscores the imperative of developing comprehensive and cross-sectoral resilience. The country-specific action plans include context-specific profiles for each of the Programmes' partner country (See Annex 1).

1.4 Implementing partners

The Programme will be implemented by the following organisations as members of the Consortium.

- The Swedish Civil Contingencies Agency (MSB) – Coordinator
- The Italian Department of Civil Protection (DPC)
- The Croatian Civil Protection Directorate, Ministry of Interior (CPD)
- The Romanian Ministry of Internal Affairs, Department of Emergency Situations (DSU)
- CIMA Research Foundation
- Fondazione Centro Europeo di Formazione e Ricerca in Ingegneria Sismica (EUCENTRE)
- The Centre for Research on Health Care in Disasters, Karolinska Institutet (KI)

2 Approach and Methodology

2.1 Programme Approach

A strong partnership approach is essential to the IPA CARE Programme in order to ensure that the Programme activities will correspond to partner country priorities and to create ownership. The Programme furthermore emphasises continuity, mutual exchange and dialogue, and a comprehensive capacity development strategy.

2.2 Implementation structure – clusters of work packages

The interlinkages and synergies between the technical work packages of the Programme are complex and manifold and require an integrated approach to the Implementation (See 1.2 Programme Objectives and Work Packages). The Implementation structure of the Programme has been adjusted accordingly. Recognising the need for efficiency, enhanced coordination and collaboration between the technical experts of the Programme, the work packages were grouped into five thematic clusters. Each cluster has a cluster focal point with a coordinating function, ensuring smooth cooperation and communication with the Team Leader and the Deputy Team Leader.

The Clusters and Work Packages for the Inception phase were:

Cluster 1 - Health Emergencies: WP 1.1a Development of Institutional and Legal Frameworks Focusing on Health Risks, WP 2.1 Medical Response Surge Capacity, WP 2.3a Risk Assessment and Management Focusing on Health Risk

Cluster 2 - Seismic Risk: WP 1.1b Development of Institutional and Legal Frameworks Focusing on Seismic Risk, WP 2.3b Risk Assessment and Management Focusing on Seismic Risk

Cluster 3 - UCPM: WP 3.1 Regional Cooperation**,** WP 3.2 Operational Cooperation with UCPM**,** WP 3.3: Capacity Strengthening Cooperation with UCPM

Cluster 4 - USAR: WP 2.2: USAR Development

Cluster 5 – "MSB": WP 1.2: Inter-institutional Coordination**,** WP 1.3: Civil Protection Volunteerism

2.3 Methodology for Capacity and Needs Assessment

The capacity and needs assessment (CNA) of the IPA CARE Programme, which was conducted during the Inception phase of the Programme, built on the Consortium's approach to capacity development, which includes an understanding of individual/organisational and systemic levels and a use of mixed methods. The assessment aimed at going beyond technical capacity, to also include processual and contextual capacities.

While further developing the CNA approach and methodology, the Programme decided for an approach slightly altered from what was described in the project proposal. It was decided to take a different approach to the assessment framework and shift some of the assessment exertion from partner countries to implementing partners. This was done in response to feedback from both the Consortium and partner countries that partner countries should not be too burdened in the assessment process. Hence, the self-assessment was designed with a modest approach, exclusively encompassing the most essential issues with the expected leeway for in-depth queries during the fact-finding missions.

The CNA was conducted with the purposes (1) to support strategy formulation and ensure interventions tailored to country specific needs, priorities and preconditions, and (2) to inform baseline for Programme monitoring and evaluation.

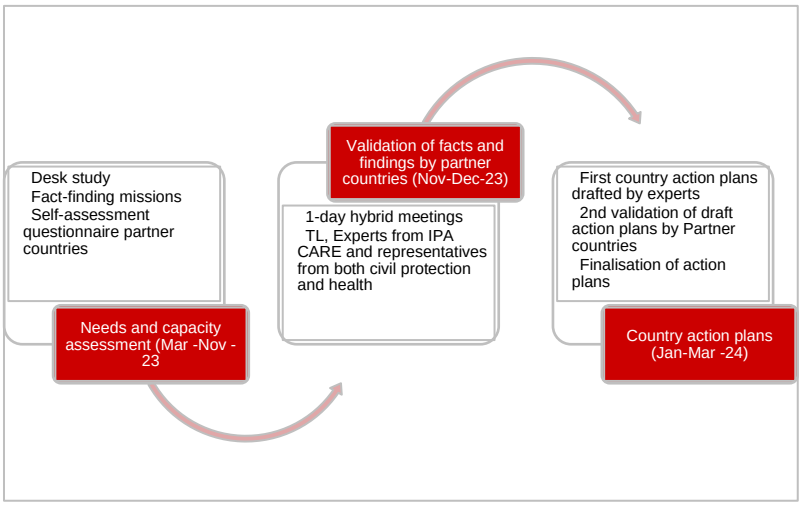
The objectives of the CNA were to (1) identify capacity and capacity needs to reach IPA CARE objectives; (2) identify Partner Countries' priorities, and common regional priorities; (3) map stakeholders and relations, ongoing and planned initiatives, and (4) establish a baseline.

-

3 Overview of Inception Phase Activities

The Inception phase activities included initial country visits, a capacity and needs assessment (desk study, self-assessment and fact-finding missions), validation meetings and a regional stakeholder meeting.

Figure 1. Overview of activities and timeline – IPA CARE Inception Phase



3.1 Initial country visits

Initial country visits by the Programme management and interim team leader took place between mid-May and end of June 2023 and constituted a key phase in the initiation of the IPA CARE Programme. The purpose of the visits was to start partnership building, create a common understanding of the Programme objectives, share expectations and initiate a first dialogue around priorities.

Conducted in-person in each partner country, the meetings played a crucial role in establishing the groundwork for effective collaboration between the Consortium and partner countries. The meetings were organised together with the national coordinators, who in some countries gathered representatives from both civil protection and health in the same meeting. In other cases, separate meetings were held with ministries of health. Representatives from national public institutes of health and national seismology institutes were also part of the meetings, and a visit was paid to the EU delegation in each country.

As pre-established cooperation between the sectors of civil protection and health varies between partner countries, the identification of the right focal points in the health sector proved to be challenging in some countries. However, the Programme management team successfully established connections with the relevant stakeholders through a process of trial-and-error.

General take-away from the first country visits:

- The bottom-up approach, emphasising ownership and tailored action plans for each partner country is very welcomed by the partner countries.
- Equipment is an important part of the Programme.
- Programme activities should be designed to ensure sustainability and continuity, as there is a lot of experience of activities that did not have proper follow-up plans and proper inter-linkages.
- External expertise is desired, but there is a need for quality assurance.

- Regional cooperation is crucial due to the fact that natural disasters occur across borders.
- Thematic working groups will be important for the integration of the sectors.

3.2 Capacity and Needs Assessment

The capacity and needs assessment (CNA) included three parts: a self-assessment made by the partner countries, a desk study and fact-finding missions carried out by the experts of the Consortium. These assessments were presented in Preliminary Assessment Result Reports. It should be noted that the CNA did not yet reflect the increased focus on equipment that was presented by the funder in September 2023.

3.2.1 Partner country self-assessment

A self-assessment tool was developed for the Inception phase to allow for national experts to provide scoring of existing capacities, as well as a description of national needs and priorities. The self-assessment served to strengthen the ownership of the development and change processes and also assisted the Consortium experts in their preparation for the fact-finding missions.

Through the self-assessment questionnaire, the level of development of the technical areas covered by the IPA CARE Programme were evaluated, encompassing seven thematic areas: seismic risk and earthquakes, health risk and medical surge capacity, Urban Search and Rescue (USAR), civil protection volunteerism, inter-institutional coordination, regional cooperation and the EU Civil Protection Mechanism (UCPM). In the questionnaire, the same structure for questions was applied to all seven thematic areas. A first part included closed-end questions on current level of capacity, with response options limited to 'non-existent', 'existent but not operational/ implemented' or 'operational/ implemented'. In addition, a column for free-form comments was included (optional). The questionnaire further included a part with open-ended questions (free-form answer) on country strengths, weaknesses and priorities. A final section concentrated on stakeholder identification.

The self-assessment questionnaire was translated to all national languages of the partner countries and was shared with stakeholders in civil protection and health in June 2023. By 30 November 2023, all partner countries had completed the self-assessment questionnaire.

3.2.2 Fact Finding Missions

Fact-finding missions, conducted by the Consortium experts, commenced in June 2023 and were finalised by Mach 2024 with the exception of Bosnia and Herzegovina where a fact-finding mission related to Cluster 1 (Health Emergencies) was not conducted.

These fact-finding missions, conducted in close collaboration with the partner focal points identified by the national coordinators, were crucial in gaining a concrete understanding of how the specific work packages fit into the different partner country contexts. The discussions focused on assessing the country's technical, processual and contextual capacities and exploring potential areas where the IPA CARE Programme can support capacity development efforts in alignment with the outlined preliminary intermediate outcomes for each work package. Beyond the primary objectives, the fact-finding missions provided valuable opportunities for experts to engage with additional stakeholders, such as the Red Cross, World Health Organisation (WHO) and the South-eastern Europe Health Network (SEEHN).

The fact-finding missions proved mutually beneficial, providing partners' enhanced insights to the IPA CARE Programme's processes and objectives, especially for the Inception phase. Simultaneously, the experts gathered valuable data to complement their desk studies and to validate

the partners' self-assessment. The collective engagement fostered productive interactions, strengthening understanding and collaboration among all involved parties.

3.2.3 Desk Study and Preliminary Assessment Result

Secondary data analysis was undertaken by the Consortium experts as part of the capacity and needs assessment and in preparation for the fact-finding missions. The desk study was also important in order to ensure alignment with recent and ongoing initiatives, avoid overlap, and build on analyses and assessments that have recently been undertaken in several partner countries by, for example, the World Bank and United Nations Development Programme (UNDP).

The Preliminary Assessment Results (PAR) were compiled based on the comprehensive data gathered through self-assessment, desk study, and fact-finding missions conducted by experts. These analyses, albeit preliminary, provided a foundation for understanding the existing capacities and needs within the programme's scope. Partners were invited to validate the findings to ensure accuracy and alignment with their perspectives. The PAR documents were shared with partners in advance, laying the groundwork for productive discussions during the validation meeting. These documents outlined existing capacities identified by the experts and proposed areas for prioritisation in the Implementation phase activities.

3.3 Validation Meetings

Validation meetings provided partner countries with the opportunity to confirm the accuracy and relevance of the data that had been collected, consolidated and analysed by the Consortium experts during the desk study and fact-finding missions. While presentations by experts were held to a minimum during these meetings, focus was given to incorporate valuable contributions from partner organisations and to create a collaborative space for open discussions and reflections on the initial capacity analysis. The validation meetings ensured validity and ownership by partner organisations of the forthcoming Programme Implementation.

As a basis for the validation meetings, preliminary assessment results for all work packages have been compiled for each partner country, translated to national languages and shared with partner organisations prior to the meetings. (See 3.2.3)

By the end of the Inception phase, validation meetings had been held in all partner countries, with the exception of Türkiye where informal talks were held instead to discuss their involvement in the programme as their capacity differs from the rest of Western Balkans. Moreover, data on the health emergency system in Bosnia-Herzegovina was not discussed during the Validation meeting.

In conclusion, particularly noteworthy in the validation meetings were the interactions between the health sector and civil protection authorities. The alignment of the two sectors signifies a collaborative effort to address challenges related to earthquakes and health emergencies through an integrated and cross-sectoral approach. The validation meetings not only validated the Programme's progress but also strengthened the collective commitment towards achieving the objectives of the IPA CARE Programme.

3.4 Stakeholder Mapping

The stakeholder mapping process was an ongoing exercise since the start of the Inception phase. The mapping of national stakeholders commenced during the initial country visits and was supported by meetings with the EU Delegations in each partner country, presenting on-going initiatives and seeing synergies with other projects initiated in the region by the European Union. The process was further

enriched through the self-assessment questionnaire. Additionally, experts conducting fact-finding missions actively contributed to this process. (See annex

Regional stakeholder mapping efforts have included establishing initial contacts with key organisations such as DPPI (Disaster Preparedness and Prevention Initiative) and SEEHN, along with engagement with WHO.

The IPA CARE Programme is composed to benefit from and contribute to the stakeholder mapping facilitated by the On-site Technical Assistance (OSA) Project, which includes mapping initiatives by other stakeholders such as UNDP and the World Bank.

This comprehensive approach to stakeholder mapping ensured that the IPA CARE Programme is well-positioned to engage with a wide array of stakeholders at the national, regional, and international levels, fostering collaboration and synergy across diverse initiatives and organisations.

3.5 Regional Stakeholder Meeting

A regional stakeholder meeting was convened in Podgorica, Montenegro, on 1 February 2024. The meeting was held in order to: (1) achieve a common ownership of the Programme between the partner countries, (2) confirm national priorities, (3) gain an overview and harmonise the different national contexts and planned activities to avoid overlaps and (4) provide focus on the regional dimension to start developing the regional road map.

The set-up of the meeting was two-fold: a few common sessions for all, combined with separate workshop sessions divided per partner country and thematic clusters. Participants included experts per thematic area per partner country, IPA CARE experts, as well as the international stakeholders of WHO, DPPI and SEEHN.

The regional meeting served as a platform for robust discussions and collaborative decision-making. Prior to the meeting, each National Coordinator completed an additional document called "Prioritisation by Partner" in order to yet again stress each partner country's consolidated priorities. This process was integral to the Programme approach, as it allowed for the pinpointing of partner country needs and priorities, aligning them with the overarching objectives of the Programme.

3.6 Cross-cutting Perspectives

Natural hazards are gender neutral, but their impacts are not. Women, girls, boys, and men and people of diverse gender identities, different ages, abilities, and backgrounds face different levels of exposure to natural hazards. Social inequalities, including gender inequality, shape their ability to reduce risks of, prepare for, cope with, and recover from disaster events. When disaster strikes, pre-existing inequalities often exacerbate pre-existing challenges. Hence, women and girls, youth, the elderly, people with disabilities and other minority groups[1] are often disproportionately vulnerable to and affected by disasters, including the effects and consequences of climate change. Yet, their needs and capacities are not fully accounted for and utilised in Disaster Risk Management (DRM) processes. Consequently, DRM efforts may not reach their full potential.

Humans and societies depend on ecosystems, ecosystem services and natural resources, which provide a basis for the living world. Acknowledging this reliance is an important first step in protecting and using the power of ecosystems to strengthen societal resilience and strive for sustainable development. An environmental perspective is key to ensuring that DRM processes consider environmental threats, risks, vulnerabilities, and consequences in relation to disasters.

[1] Such as ethnic and religious minority groups and lesbian, gay, bisexual, transgender, queer, or intersex (LGBTQI) individuals.

Another important aspect is how human demands on ecosystems and natural resources impact on environmental drivers, causing in turn new disaster risks and vulnerabilities or exacerbating pre-existing risks and vulnerabilities.

The importance of promoting gender, human rights, and environmental considerations as cross-cutting issues (CCIs) in DRM is strongly recognised and emphasised in global and EU frameworks and commitments[2]. These documents also highlight the strong connections between gender equality, human health, economical and societal development, and the well-being and protection of the environment.

3.6.1 CCIs in the IPA CARE Programme

To achieve the IPA CARE Programme objectives, the integration of gender, human rights, environmental and climate change issues in the Programme is crucial. This will ensure that the Programme contributes to strengthening legal and institutional frameworks and prevention, preparedness, and response capabilities of the IPA III relevant beneficiaries in a way that enhances the resilience of society as a whole, leaving no one behind. It will also ensure that the civil protection systems and actors account for the importance of the environmental perspective throughout the different stages of the DRM cycle.

To this end, the aim is to integrate gender, human rights, environmental and climate change as CCIs throughout the IPA CARE Programme. The approach to this task will be to systematically apply these aspects to all phases of the Programme, including planning, Implementation, and follow-up of Programme activities, and within all the thematic areas of the Programme. Everyone involved in the Programme has an important role to play in realising this objective.

As a guideline for the Implementation phase, a Gender and human rights review as well as an Environmental and Climate review were made during the Inception phase to map the capacities, needs and aims of the programme in general (see annexes 5 and 6).

3.6.2 CCIs in the Inception Phase

A gender equality, human rights and environmental perspective was integrated to the initial activities in the Inception phase. The two advisors for CCIs had an active role in the work and focused on building relationships with the Programme team and with the Consortium experts to establish a common ground on the importance of and how the Programme aims to integrate CCIs. A strong focus was also on supporting and contributing to the integration of CCIs into the capacity and needs assessment activities, this to ensure that relevant gender, human rights and environmental & climate change aspects of the civil protection systems will also be assessed and feed into the priorities and planning of Programme activities ahead.

Example of specific results include:

- Initial relationship building and capacity building of the Programme management and consortia experts e.g., at the consortia meeting in Stockholm in March 2023 and through close dialogue with each Cluster and the Programme management on a regular basis.

[2] For example, Agenda 2030 and the Sustainable Development Goals, the Sendai Framework for Disaster Risk Reduction, the Paris Agreement on climate change, the European Forum for DRR Roadmap for 2021-2030, the EU Disaster Resilience Goals, the EU Strategy for Gender Equality and the EU Gender Action Plan (GAP) 2021-2025, EU Action Plan on Human Rights and Democracy 2020-2024.

- Support to each Cluster to strengthen the integration of CCIs in the fact-finding missions by providing tailored advice and a battery of questions with entry points for gender, human rights and environmental perspectives related to respective Work Package.
- Gender, human rights and environmental aspects were included in the self-assessment tool and assessed in the Programme countries.
- Section for CCIs in the Preliminary Assessment Results documents for all countries providing an overview of the gender, human rights and environmental context in the countries, e.g., legal frameworks, institutional context and key stakeholders, as well as examples of how the issues are currently integrated into the field of civil protection and identified needs for improvement. Based on the CCI reviews. (on-going).

3.7 Monitoring and Evaluation

During the Inception phase, the framework of LFA and Monitoring and Evaluation (M&E) was revised and updated to match the validated country-specific action plans. For more information, please view Annex 4.

3.8 Visibility and Communication

In order to ensure effective visibility and communication for the Programme, a Visibility and Communication plan was developed for the implementation phase (see annex 7). During the Inception phase, a website was created for Programme, which will be launched at the beginning of the Implementation phase. Moreover, material in form of roll-ups and folders and note books, pens etc. has been ordered and used throughout the Inception phase in order to promote the Programme and spread information about its existence.

3.9 Deviations from planned activities of the Inception phase

The duration of the Inception phase was extended from 9 to 14 months, as per agreements with DG ECHO in September 2023 and January 2024. The aim of the extension was to ensure that the needs and capacity assessment activities were completed and that the proposed country-specific action plans, as well as the regional road map, were approved and validated by the partner countries.

A scenario-based and discussion-led workshop or table-top exercise was initially planned to be included in the Inception phase. The purpose of the exercise was to complement interviews and studies in the capacity and needs assessment process. This activity was, however, removed due to time constraints and will instead be A regional stakeholder forum that initially was planned to take place online was transformed into an in-person meeting in Podgorica on 1 February 2023, with the support from DG ECHO. A lessons-learned seminar on Covid-19, planned to be held in person after the submission of the Inception report was cancelled.

3.9.1 Revision of Programme Budget

In September 2023, DG ECHO initiated a dialogue with the Consortium to propose an amendment of the budget of the Programme, significantly increasing the share of equipment of the total budget of the Action. As a result of this dialogue, the Consortium agreed to increase the share of equipment from 11% to 36%. The increased focus on equipment is included to meet the expectations of country partner countries, as expressed to DG ECHO, and thereby ensure a successful buy-in of the

Programme from the partner countries. This decision, while responding to the expressed requirements of our partners, inevitably led to a recalibration of the Programme's focus.

With this shift, the scope of the Programme transitioned from its initial multifaceted approach encompassing numerous activities to a more concentrated emphasis on equipment. In order to meet the increased share of equipment in the budget of the Implementation phase, the total number of activities had to be reduced. Furthermore, means were also moved from other budget categories (personnel and support) to the Implementation phase and there was thus a complete re-balancing of the total budget of the Action.

The reduction of the number of activities was realised with careful consideration to ensure the sustainability and effectiveness of the Programme within the revised budget framework, ensuring a more focused scope of certain themes and activities. For example, it was decided that the equipment budget should focus on the three thematic areas where equipment is costly but highly demanded by all partners; medical surge capacity (EMT), seismic risk and USAR.

3.10 Unexpected Results

As the IPA CARE Programme was designed to respond to the need for an integrated and cross-sectoral approach to disaster risk prevention, preparedness and response in the Western Balkans and Türkiye when it comes to earthquakes and health emergencies, the Inception phase of the Programme stressed the active, simultaneous engagement of both civil protection and health sectors. One conclusion from the Inception phase is that the integration of health emergencies and civil protection is still at an early stage in several of the partner countries and prior interaction has sometimes been limited. Therefore, the IPA CARE Programme will provide a much-needed platform for engagement between the sectors and play an important role in efforts to introduce cross-sectoral cooperation.

It should also be noted that there is great complexity and variation between the partner countries with regards to the systems governing civil protection and health emergencies. In some instances, legal frameworks have defined roles and mandates hindering the coordination of stakeholders between different sectors.

The overall feedback from the partner countries to the IPA CARE Programme includes a genuine appreciation of the Programme's bottom-up approach and allocation of required equipment. The opportunity for partners to actively engage, voice their priorities, and influence the direction of the Programme has resonated positively. The Programme management also discerns a collective spirit of cooperation and mutual understanding among the partner countries, which will provide a solid foundation for the Implementation phase.

4 Risk Management for Implementation Phase

During the inception phase, a number of risks related to the Programme implementation were identified, the main ones listed below.

4.1 Partner Organisations' Capacity

One of the identified risks is linked to the internal capacity within the partner organisations, more specifically the number of staff working in each organisation in relation to the workload they are facing in connection to the up-coming years of the Programme implementation. As there is a high number of other projects and initiatives, funded by both EU and other international stakeholders, that engage with the same partners as the IPA CARE Programme, there is a risk that the staff do not

have enough time to manage all tasks we require them to engage with. The drafted country-specific action plans (see Annex 1) include a reduced number of activities in comparison to the original idea of the Programme, which somewhat reduces this risk.

4.2 Engagement from Health Sector

As the Programme reaches the end of its inception phase, one main take-away is that that the aim to engage the health sector of each partner country in the Programme has been challenging in some contexts. The reasons behind this are manifold, one of them being the lack of previous experience in working in an integrated manned with the civil protection sector. As the approach of engaging civil protection authorities and health ministries in one and the same Programme is more or less unexplored, there is an overall risk that some partners might not achieve the basic needs of engaging staff to participate or to fulfil the tasks required in order for activities and thematic exercises to be conducted. Without an engagement and interest from the health sector in the partner countries, the IPA CARE Programme will not be able to fulfil the health-related work packages. By creating and revising the country-specific action plans contentiously, the risk of conducting activities without achieving any results will be limited and controlled by the Programme management.

5 Programme Implementation

5.1 Implementing Consortium

The Consortium Members remain the following:

- The Swedish Civil Contingencies Agency (MSB) – Coordinator
- The Italian Department of Civil Protection (DPC)
- The Croatian Civil Protection Directorate, Ministry of Interior (CPD)
- The Romanian Ministry of Internal Affairs, Department of Emergency Situations (DSU)
- Fondazione Centro Europeo di Formazione e Ricerca in Ingegneria Sismica (EUCENTRE)
- The Centre for Research on Health Care in Disasters, Karolinska Institutet (KI)
- CIMA Research Foundation

CIMA Research Foundation will, as a result of the prioritisations of the action plans at the end of the Inception phase, not have an active role in the Implementation phase, but will tentatively participate with its expertise at a later stage in the Programme.

5.2 Steering Committee

Terms of reference for the Steering Committee have been drafted and are to be approved by the Consortium (see Annex 9). The identified members will be nominated during the second quarter of the year. A first Steering Committee meeting is planned to take place in the autumn of 2024.

5.3 Thematic Working Groups

Thematic working groups will be formed in each partner country during the initial months of the Implementation Phase, unless there are already existing working groups involving the technical areas of IPA CARE Programme that we can build on. It is of importance not to create parallel structures.

5.4 Local Coordinators

Terms of reference for the position of Local Coordinator are being drafted, and will reflect the need for local assistance in the procurement processes in the partner countries. There will be one part-time Local coordinator based in each partner country, engaged on consultancy basis in order to reflect the fluctuating needs of the Programme.

5.5 Management

The post of Deputy Team Leader position was for 12 months only, based on a needs analysis of the Programme and will not be continued during the Implementation phase.

5.6 Experts

As the Programme now includes thematic clusters (See 2.2.) the initial Component Lead Experts as defined in the original personnel budget were effectively replaced with cluster focal-points.

5.7 Country-specific Action Plans

The country-specific action plans (Annex 1) embrace a bottom-up approach, ensuring that they are based on the perspectives, capacities, and prioritised needs of each partner country. In general, the action plans follow the same structure, with one exception which concerns the inclusion of work packages focusing on seismic risk. In the action plans for Montenegro and Serbia, focus has shifted from seismic risk to increased focus on USAR, as per the direct expressed priorities by each country.

As of 30 April, the country-action plans have been approved by Albania, Kosovo*, North Macedonia and Montenegro. The action plans for Serbia and Bosnia and Herzegovina are yet to be validated and approved by respective partner country, while the work with the action plan for Türkiye is still ongoing.

5.8 Regional Road Map

As IPA CARE is a regional Programme, integration and alignment on the regional level is important. The approach of the Programme is to start activities on the national level that will then lead up to regional level activities.

The Regional Road Map (See Annex 3) gives an overview of the activities of the Programme, all aligned and leading to two thematic exercises in the third year of Implementation and the final full-scale exercise in the fourth year of Implementation.

5.9 Strategy for Sustainable Results

By designing the Programme from a bottom-up perspective, where partner countries have had the mandate to decide themselves on what priorities they wish the IPA CARE Programme should meet, sustainability for holistic and lasting results is enabled. The Programme is convinced that sustainable results are fulfilled by strong ownership by partner countries, which is a core principle for the Implementation phase of the Programme.

Moreover, the Programme ensures a strong partnership by having frequent dialogue with National Coordinators, thematic focal points, Local coordinators and the Programme management team. The

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Programme furthermore emphasises continuity, mutual exchange and dialogue, and a comprehensive capacity development strategy.

Strategy for Sustainable Results, often referred to as an "Exit Strategy":

- Programme design enables ownership from the start by allowing partners to prioritise thematic areas they wish to focus on.
- Evaluating activity plans together with partners and steering committee on a yearly basis to ensure that partners prioritise are aligned with activities and are fulfilling its overall aim of the Programme.
- Using already existing structures among partners, i.e., working groups and platforms that are already operating.
- Close cooperation with other stakeholders and on-going EU Programmes in the region, i.e., by having permanent representatives in the Programme Steering Committee.

In order to ensure the sustainability of the results, a mid-term review will be carried out by Programme management half-way into the Implementation phase (2026-2027) with the purpose to investigate results and evaluate the overall strategy and structure of the Programme in relation to its aimed outcomes and outputs.

Annexes

Annex 1: Country-specific Action Plans

- Annex 1.1 Albania
- Annex 1.2 Bosnia and Herzegovina – progress update on action plan
- Annex 1.3 Kosovo*
- Annex 1.4 Montenegro
- Annex 1.5. North Macedonia
- Annex 1.6. Serbia
- Annex 1.7 Türkiye – progress update on action plan

Annex 2: Programme Budget

Annex 3: Regional Road Map

Annex 4: Monitoring and Evaluation Framework (Draft)

Annex 5: Gender and Humans Rights Review

Annex 6: Environment and Climate Review

Annex 7: Communication and Visibility Plan

Annex 8: Stakeholder Maps

Annex 9: ToR Steering Committee (Draft)

Annex 10: Timeline Inception Phase

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